

CLAIMS ONLY						Application Number <i>10/647080</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
2	/						
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
9	/						
10	/ -						
11	/ -						
12	/ -						
13	/ -						
14	/ -						
15	/ -						
16	/ -						
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35	/ /	/ -					
36	/						
37	/ -						
38	/ -						
39	/ -						
40	/ -						
41	/ -						
42	/ -						
43	/ -						
44	/						
45	/ -						
46	/ -						
47	/ -						
48	/ -						
49	/						
50							
Total Indep	3						
Total Depend	26						
Total Claims	29						